



Patient Education July 2004

1: Am J Nurs. 2004 Apr;104(4):87-91.

Counseling to prevent skin cancer: recommendations and rationale.
Berg AO.

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PMID: 15171121 [PubMed - indexed for MEDLINE]

2: Ann Intern Med. 2004 Jun 1;140(11):964-71.

Understanding the environmental issues in diabetes self-management education research: a reexamination of 8 studies in community-based settings.

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Eight studies included in a recent systematic review of the efficacy of diabetes self-management education were qualitatively reexamined to determine the presence of theoretical frameworks, methods used to ensure cultural appropriateness, and the quality of the instrument. Theoretical frameworks that help to explain complex pathways that produce health outcomes were lacking; culture indices were not incorporated into diabetes self-management education; and the instruments used to measure outcomes were inadequate. We provide recommendations to improve research on diabetes self-management education in community settings through use of a contextual framework that encourages targeting multiple levels of influence--individual, family, organizational, community, and policy.

Publication Types:

Review

Review Literature

PMID: 15172922 [PubMed - indexed for MEDLINE]

3: Arthritis Rheum. 2004 Jun 15;51(3):388-98.

Gap between short- and long-term effects of patient education in rheumatoid arthritis patients: a systematic review.

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OBJECTIVE: To systematically review educational or psychoeducational interventions for patients with rheumatoid arthritis focusing on long-term effects, especially health status. METHODS: Two independent reviewers appraised the methodologic quality of the included randomized controlled trials, published between 1980 and July 2002. RESULTS: Validity scores of studies ranged from 3 to 9 (of 11). The 7 educational programs mainly improved knowledge and compliance in the short and long term, but there was no improvement in health status. All 4 psychoeducational programs improved coping behavior in the short term, 2 of them showing a positive long-term effect on physical or psychological health variables. CONCLUSION: Methodologically better-designed studies had more difficulties demonstrating positive outcome results. Short-term effects in program targets are generally observed, whereas long-term changes in health status are not convincingly demonstrated. There is a need to find better strategies to enhance the transfer of short-term effects into gains in health status.

Publication Types:

Evaluation Studies

Review

Review, Tutorial

PMID: 15188324 [PubMed - indexed for MEDLINE]

4: BMJ. 2004 Jun 5;328(7452):1343. Epub 2004 May 19.

What do patients receiving palliative care for cancer and their families want to be told? A Canadian and Australian qualitative study.

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OBJECTIVE: To obtain feedback from patients receiving palliative care and their relatives from various ethnic backgrounds about their experiences of the disclosure process and their satisfaction with information sharing during the illness. DESIGN: A qualitative study with semistructured single interviews. SETTING: Perth, Western Australia, and Winnipeg, Manitoba, Canada.

PARTICIPANTS:

72 participants registered with palliative care: 21 patient-family dyads in Perth and 14 dyads and 2 patients in Winnipeg. RESULTS: Participants described their experiences in great detail. The analysis indicates that in information sharing the process is as important as the content. The timing, management, and delivery of information and perceived attitude of practitioners were critical to the process. This applied to information interactions at all stages of the illness. Main content areas mentioned related to prognosis and hope. Hope can be conveyed in different ways. Secondary information from various sources is accessed and synthesised with the primary information. All patients, regardless of origin, wanted information about their illness and wanted it fully shared with relatives. Almost all patients requested prognostic information, and all family members respected their wishes. Information was perceived as important for patient-family communication. Information needs of patient and family changed and diverged as illness progressed, and communication between them became less verbally explicit. CONCLUSIONS: Information delivery for patients

needs to be individualised with particular attention to process at all stages of illness. Patients and families use secondary sources of information to complement and verify information given by health carers.

Publication Types:

Multicenter Study

PMID: 15151964 [PubMed - indexed for MEDLINE]

5: Diabetes Self Manag. 2004 May-Jun;21(3):47-9, 51-2.

Getting the diabetes information you need.

Roszler J.

PMID: 15206366 [PubMed - indexed for MEDLINE]

6: Health Serv J. 2004 May 6;114(5904):16-7.

Health education ideas. Read between the lines.

Dempsey P.

PMID: 15190884 [PubMed - indexed for MEDLINE]

7: J Dent Educ. 2004 May;68(5):569-73.

How to word effective messages about smoking and oral health: emphasize the benefits of quitting.

McKee SA, O'Malley S, Steward WT, Neveu S, Land M, Salovey P.

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This project examined whether smokers differentially responded to messages about oral health that emphasized either the benefits of quitting smoking or the risks of continued smoking. Messages concerning oral health and smoking were developed to emphasize the benefits of quitting smoking (gain-framed) or the costs of continued smoking (loss-framed). These messages were embedded in recruitment brochures for smoking cessation trials, which were placed in twenty dental office waiting rooms for a six-month period. The number of brochures taken from the waiting rooms was tracked, as well as calls to inquire about smoking cessation studies. As hypothesized, dental patients were more likely to acquire gain-framed brochures. Out of 271 brochures taken from the dental office waiting rooms, significantly more brochures contained gain-framed messages compared to loss-framed messages (59 percent vs. 41 percent, $p < .05$). There was an equal number of calls to inquire about smoking cessation studies for each message type. Overall, individuals in dental office waiting rooms were more likely to take brochures about smoking cessation trials that contained gain-framed messages concerning oral health and smoking. Information about oral health and smoking typically emphasizes the dangers of continued smoking. This study found that smokers are more receptive to information that emphasizes the benefits of quitting.

Publication Types:

Evaluation Studies

PMID: 15186074 [PubMed - indexed for MEDLINE]

8: J Fam Health Care. 2004;14(2):39-41.

Health and nutrition series--2. What do we know about ... diet and

cardiovascular disease?
Daniels L.

Publication Types:
Review
Review, Tutorial
PMID: 15160625 [PubMed - indexed for MEDLINE]

9: J Wound Care. 2004 May;13(5):187-90.

Educational intervention in the management of acute procedure-related wound pain: a pilot study.

Gibson MC, Keast D, Woodbury MG, Black J, Goettl L, Campbell K, O'Hara S, Houghton P, Borrie M.

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OBJECTIVE: This report describes the pilot testing of an educational intervention to manage acute pain associated with wound care in an outpatient clinic. The intervention included essential elements of pain education identified in the acute pain literature: provision of information; pain measurement; establishing expectations; treatment planning; teaching environment. **METHOD:** The intervention was tested on five patients attending a wound clinic for scheduled treatment. Patients were aged 65 years or older and had a history of experiencing pain during treatment procedures such as dressing changes and debridement. Before the intervention, the study nurse gave the patients information about the procedure, discussed strategies they could use to make it as comfortable as possible, and explained how they could use a rating scale to denote any physical and emotional distress. **RESULTS:** All patients used the intervention strategies. Three out of five reported reduced pain and/or distress following the intervention. **CONCLUSION:** The pilot study supported the use of education as a pain control strategy in wound care and illuminated key methodological issues for further research on this topic.

Publication Types:
Evaluation Studies
PMID: 15160572 [PubMed - indexed for MEDLINE]

10: J Wound Care. 2004 May;13(5):167-70.

Introducing a nurse-led clinic for patients who self-harm.
Corser R, Ebanks L.

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A fortnightly self-harm clinic was set up for patients from a secure psychiatric unit. This prize-winning paper describes how it both reduced admissions to A&E and won the support of patients, who became involved in their wound care.
PMID: 15160568 [PubMed - indexed for MEDLINE]

11: Johns Hopkins Med Lett Health After 50. 2004 Jun;17(4):8.

Why did my doctor spend most of my last check-up counseling me to stop smoking and improve my diet instead of doing a physical exam?

[No authors listed]

PMID: 15199889 [PubMed - indexed for MEDLINE]

12: Med Care. 2004 Jun;42(6):610-21.

Computerized knowledge management in diabetes care.

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INTRODUCTION: Many scientific achievements become part of usual diabetes care only after long delays. The purpose of this article is to identify the impact of automated information interventions on diabetes care and patient outcomes and to enable this knowledge to be incorporated into diabetes care practice. **METHODS:** We conducted systematic electronic and manual searches and identified reports of randomized clinical trials of computer-assisted interventions in diabetes care. Studies were grouped into 3 categories: computerized prompting of diabetes care, utilization of home glucose records in computer-assisted insulin dose adjustment, and computer-assisted diabetes patient education. **RESULTS:** Among 40 eligible studies, glycated hemoglobin and blood glucose levels were significantly improved in 7 and 6 trials, respectively. Significantly improved guideline compliance was reported in 6 of 8 computerized prompting studies. Three of 4 pocket-sized insulin dosage computers reduced hypoglycemic events and insulin doses. Metaanalysis of studies using home glucose records in insulin dose adjustment documented a mean decrease in glycated hemoglobin of .14 mmol/L (95% confidence interval [CI], 0.11-0.16) and a decrease in blood glucose of .33 mmol/L (95% CI, 0.28-0.39). Several computerized educational programs improved diet and metabolic indicators. **DISCUSSION:** Computerized knowledge management is becoming a vital component of quality diabetes care. Prompting follow-up procedures, computerized insulin therapy adjustment using home glucose records, remote feedback, and counseling have documented benefits in improving diabetes-related outcomes.

Publication Types:

Meta-Analysis

PMID: 15167329 [PubMed - indexed for MEDLINE]

13: Nurs Crit Care. 2004 May-Jun;9(3):104-14.

Can nurses in cardiology areas prepare patients for implantable cardioverter defibrillator implant and life at home?

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This study explored nurses' confidence and competence in preparing patients for having an implantable cardioverter defibrillator implanted and for life at home after discharge. Whilst research has identified various physical and

psychosocial effects to patients and their partners associated with device implant and subsequent lifestyle adjustments, no research has explored nurses' knowledge of the device or these effects. A survey was designed using a purposive sample of 152 nurses from cardiology areas in four large teaching hospitals and a 28-point postal questionnaire to explore knowledge of the device and its impact. Most subjects were not confident in their abilities to prepare patients for implant or life at home after implant. Knowledge of the device and its effects appeared poorly understood by all nurses, irrespective of additional qualifications, length of time since qualifying or area of work. Many participants were aware of the poor knowledge level of nurses and identified it as a weakness in current care practices. Lack of understanding may impair preparation of patients for implantation of or for living with an implantable cardioverter defibrillator, and feasible strategies to change this situation will require careful consideration and further investment.

PMID: 15152752 [PubMed - indexed for MEDLINE]

14: Nurs Stand. 2004 May 19-25;18(36):33-9.

Music and the reduction of post-operative pain.

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BACKGROUND: The prevention and treatment of post-operative pain, and the promotion of comfort are the challenges facing practitioners working in the recovery room setting. Surgical pain produces autonomic, psychological, immunological and behavioural responses that can delay or inhibit normal healing. Nurses spend more time with patients experiencing pain than any other healthcare professional. Therefore, they are in an ideal position to consider other pain-relieving strategies to complement the analgesics currently used.

CONCLUSION: The studies reviewed cannot prove that music is effective in reducing post-operative pain, because the research methodology in the majority is poor. Patients' experience of listening to music post-operatively was positive, aiding distraction and increasing comfort. This shows the difference between inconsistent results for the objective measures of pain and what the patient is reporting.

Publication Types:

Review

Review, Tutorial

PMID: 15176110 [PubMed - indexed for MEDLINE]

15: Nurse Pract. 2004 May;29(5):46-52.

Can NPs rely on self-blood pressure measurements?

Artinian NT.

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The development of relatively inexpensive and automated devices has stimulated the use of self or home blood pressure (BP) monitors. This article provides a guide for NPs to understand when self-BP measurement (SBPM) is a reliable alternative to traditional in-office measurements.

Publication Types:

Review

Review, Tutorial

PMID: 15167536 [PubMed - indexed for MEDLINE]

16: Nurse Pract. 2004 May;29(5):43-5.

Helping patients choose the right blood glucose meter.

Mensing C.

American Diabetes Association in Alexandria, VA, USA.

Self-monitoring of blood glucose is crucial to keeping diabetes controlled and decreasing the risk of complications (such as heart disease). Matching the patient to the right blood glucose meter is important. Thanks to recent technologic advances, the market seems to have something for everyone, from a voice-activated glucose meter for those who are vision-impaired to a software program that analyzes trends in glucose control by the week, the month, or time of day.

PMID: 15167535 [PubMed - indexed for MEDLINE]

17: OR Manager. 2004 May;20(5):1, 11, 13-4 passim.

Population of heavier patients demands planning, education.

Scott R, Cofield D.

Publication Types:

Review

Review, Tutorial

PMID: 15162642 [PubMed - indexed for MEDLINE]

18: ORL Head Neck Nurs. 2004 Spring;22(2):14-20.

The nurse educator role in otolaryngic allergy.

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Otolaryngic allergy is a subspecialty demanding the standards of excellence for otolaryngic nursing described by the American Nurses Association (1994). This article provides a review of basic immunology, environmental control measures, pharmacotherapy, and immunotherapy and explores the nurse educator role in the care of otolaryngic allergy patients.

Publication Types:

Review

Review, Tutorial

PMID: 15148938 [PubMed - indexed for MEDLINE]

19: Rehabil Nurs. 2004 May-Jun;29(3):100-3.

Management of adult patients with a left ventricular assist device.

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San Diego, CA 92123, USA.

The number of left ventricular assist device (LVAD) implantations is growing as a result of increased waiting periods for cardiac transplantation and the decreased availability of organ donors. Furthermore, the Food and Drug Administration (FDA) has approved permanent LVAD support. After an acute hospitalization, patients with LVADs may need prolonged convalescence in a healthcare facility because they have complex medical needs and are physically disabled. Admission criteria need to be developed as essential patient and nursing competencies need to be defined as a part of a successful LVAD program in an acute rehabilitation center. Acute rehabilitation centers can help patients with LVADs transition to a home setting.

Publication Types:

Case Reports

PMID: 15152420 [PubMed - indexed for MEDLINE]

20: Rehabil Nurs. 2004 May-Jun;29(3):80-4.

Incorporating foot care education into diabetic foot screening.
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Rehabilitation nurses care for patients with diabetes who have strokes, orthopedic surgery, and spinal cord injuries; therefore, they should be knowledgeable about foot screening technique and foot care education so that they can identify patients who are at risk for foot skin breakdown. The objectives of diabetic foot screening are to identify foot problems, determine a foot risk category and management category for patients, and to instruct patients with diabetes and their families in proper foot care. The screening technique is simple and can be used in clinic settings or at the bedside. Incorporating foot care education into the foot screening process increases or reinforces patients' knowledge of self-care. Such knowledge empowers patients to join with their healthcare teams to decrease the incidence of ulceration and amputation.

Publication Types:

Review

Review, Tutorial

PMID: 15152416 [PubMed - indexed for MEDLINE]

21: Rep Med Guidel Outcomes Res. 2004 May 14;15(10):1, 5-6.

Diabetes management program focuses on primary care practices.
Levenson D.

Publication Types:

News

PMID: 15176397 [PubMed - indexed for MEDLINE]

22: Semin Oncol Nurs. 2004 Feb;20(1 Suppl 1):20-5.

Educating patients about radioimmunotherapy with yttrium 90 ibritumomab tiuxetan (Zevalin).

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OBJECTIVES: To present the relevant information for the education of patients with B-cell non-Hodgkin's lymphoma (NHL) who are about to undergo radioimmunotherapy (RIT) with yttrium 90 (90Y) ibritumomab tiuxetan. DATA SOURCES: Published clinical trials of 90Y ibritumomab tiuxetan and secondary literature on radioimmunotherapy and NHL. CONCLUSION: RIT is an emerging therapeutic option for patients with B-cell NHL and promises to become more prevalent in clinical use. Patients need to understand the rationale for and schedule of treatments with this regimen and the necessary ongoing laboratory tests for monitoring myelosuppression, as well as possible adverse events that might occur after treatment. IMPLICATIONS FOR NURSING PRACTICE: Nursing professionals should be aware of the logistics of the ibritumomab tiuxetan regimen and with the data associated with it to educate patients and facilitate patient understanding and expectations.

Publication Types:

Review

Review, Tutorial

PMID: 15160858 [PubMed - indexed for MEDLINE]

23: Tar Heel Nurse. 2004 May-Jun;66(3):16.

Nurses identify barriers to teaching patients about their medications.

[No authors listed]

PMID: 15176356 [PubMed - indexed for MEDLINE]